PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifica	itions.			-			
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl	ock 1 for any change of address)	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26646	7590 07/07	/2010	nave	_			
KENYON & F	ZENVON I I P		T ho	Cert	ificate of Mailing or Transn	ission	
ONE BROADW		•	Stat	es Postal Service w	ith sufficient postage for first	class mail in an envelope	
NEW YORK, N			addı tran	essed to the Mail smitted to the USP1	s Fee(s) Transmittal is being ith sufficient postage for first Stop ISSUE FEE address a FO (571) 273-2885, on the da	bove, or being facsimile te indicated below.	
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/550,084 08/21/2006		Gerhard Loeckle 10191/3769		1434			
TITLE OF INVENTION	I: APPARATUS FOR T	RIGGERING RESTRAIN	T DEVICES WITH PLAT	JSIBILITY CHECK	S.		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/07/2010	
EXAN	IINER	ART UNIT	CLASS-SUBCLASS		•		
BROADHEA	AD, BRIAN J	3664	701-045000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list KENYON & KENYON LI				
	oondence address (or Cha B/122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a sing	e firm (having as a	member a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the p	atent. If an assigne	ee is identified below, the do	cument has been filed for	
		pletion of this form is NO	data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
					•	OT 677147177	
ROBERT BOSCH GMBH STUTTGART, FEDERAL REPUBLIC OF GERMANY							
Please check the appropr	riate assignee category or	categories (will not be pa	rinted on the patent):	Individual 🚨 Co	rporation or other private grou	p entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee			A check is enclosed.				
	No small entity discount p		 ✓ Payment by credit card. Form PTO 2038 is attached. ✓ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11 - 0600 (enclose an extra copy of this form). 				
Advance Order -	# of Copies		overpayment, to Depo	authorized to char sit Account Numbe	ge the required fee(s), any def r <u>11-0600</u> (enclose an	iciency, or credit any extra copy of this form).	
5. Change in Entity Sta	itus (from status indicate	d above)					
L L	ns SMALL ENTITY state				L ENTITY status. See 37 CF		
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered attorney or agent; or the	assignee or other party in	
Authorized Signature		— , _	<u>`</u>	Date /0/	1,110		
	Gerard 2	A. Messina		-E(35,952	·	
Typed or printed nan	1e			Registration N	0.		
This collection of inform	nation is required by 37 C	CFR 1.311. The information of the control of the co	on is required to obtain or	retain a benefit by the	he public which is to file (and ninutes to complete, including	by the USPTO to process)	
submitting the complete	d application form to the	: USPTO. Time will vary	depending upon the indiv	idual case. Any co	mments on the amount of tim	e you require to complete	
Box 1450, Alexandria, V	Virginia 22313-1450. DC	NOT SEND FEES OR	COMPLETED FORMS T	o THIS ADDRESS	Trademark Office, U.S. Depa S. SEND TO: Commissioner for	or Patents, P.O. Box 1450,	
Alexandria, Virginia 223 Under the Paperwork Re		persons are required to re	spond to a collection of in	formation unless it of	displays a valid OMB control	number.	